AMBULATORY SURGICAL CENTER (ASC)
Vol. 22 , No. 1
May 30, 2000

Missouri MEDICAID Bulletin

www.dss.state.mo.us/dms

INDEX **PAGE**

MC+ HEALTH PLANS

MC+ health plans cover corneal tissue transplants as a benefit to their enrollees. Providers should contact the health plan for their program policies. The information contained in this bulletin refers to services provided on a fee-for-service basis.

CORNEAL TRANSPLANTS

Effective for dates of service June 1, 2000 and after, the cost of acquiring corneal tissue for corneal transplants may be billed in addition to the Ambulatory Surgical Center (ASC) facility charge. Type of Service (TOS) 9 for procedure codes 65710, 65730, 65750, and 65755 will be manually priced to include the current Medicaid fee for the facility charge and the cost of acquiring the corneal tissue. An invoice from an eye bank or organ procurement organization showing the actual cost of acquiring the tissue must be attached to claims in order to receive reimbursement for the facility charge and the corneal tissue. Claims submitted for corneal transplant procedure codes without the required invoice will be denied.

The following ASC facility fees will be added to the actual procurement cost of the corneal tissue:

Procedure Code	TOS	Description	Medicaid ASC Facility Fee*
65710	9	Keratoplasty (corneal transplant); lamellar	$812.00
65730	9	Keratoplasty (corneal transplant); penetrating (except in aphakia)	$812.00
65750	9	Keratoplasty (corneal transplant); penetrating (in aphakia)	$812.00
65755	9	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	$853.00

*Individuals with ME code 74 must pay a $5.00 copay and individuals with ME code 75, 76, 77, or 79 must pay a $10.00 copay. The copay amount will be deducted from the facility fee listed above. The maximum Medicaid reimbursement to providers will be the facility fee (minus the copay amount when applicable) plus the invoiced cost of the tissue.